## STATE OF MONTANA DEPARTMENT OF INSURANCE

840 Helena Avenue, Helena, MT 59601 1-800-332-6148 (in state) (406) 444-2040 - Fax (406) 444-3497 e-mail stateauditor@state.mt.us web site - sao.state.mt.us

## <u>BUSINESS ENTITY – CAR RENTAL INSURANCE</u> <u>PRODUCER REQUIREMENTS</u>

Enclosed is an application form to license a business entity as a Rental Car Insurance Producer in Montana.

A complete application packet will include:

- 1. The Montana application for Rental Car Insurance Producer License
- 2. An application fee of \$100
- 3. Listing of counter employees by location
- 4. For resident producers: proof of pass scores for a property/casualty insurance examination
- 5. Montana Secretary of State Registration to conduct business in the state (Certificate of Authorization)
- 6. Appointment

Rental Car Companies are required to submit a list of all people or agents representing the company on a quarterly basis, including the full name and social security number for each person. The Insurance Licensing Division will provide the forms for this purpose after the license is issued.

Pursuant to Section 33-17-236, MCA, the business entity must hold an appointment with any insurer it represents within fifteen (15) days from the date on which the agency contract is executed. An appointment is no longer required to obtain a license.

Post a copy of the license at each location, kiosk, office where vehicle rental insurance is offered.

### **MONTANA**

# Rental Car Company License Application (Please Print or Type)

Business Entity Name			Incorporation/Formation Date		FEIN	
		(month)(day)(year)				
DBA/Trade Name (if applicable)		State of Domicile Country of Domic		ountry of Domicile		
Business Address – If more than one location please attach a list of locations		st of locations	City	State	Zip or Foreign Country	
Phone Number	Fax Number	Busines	s Web Site Address	Busines	ss E-Mail Address	
Mailing Address	P.O. Bo	ox	City	State	Zip or Foreign Country	
<u>E</u> 1	mployees or Rent	tal Car Insu	rance Sales Peop	<u>le</u>		
Identify all sales people or agents of						
Name	me Title		SSN <u>-</u>			
Name	Title		SSN <u>-</u>			
Name	Name Title		SSN <u>-</u>			
** For more names, see attachment						
		1- 6				
	<u>Васкді</u>	round Infor	<u>mation</u>			
Please read the following very caref	ully and answer every questi	on:			. N	
Yes No  1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with committing a crime, whether or not adjudication was withheld?						
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contender, or having been given probation, a suspended sentence or a fine.						
If you answer yes, you must attach to this application:  a) a written statement explaining the circumstances of each incident,  b) a copy of the charging document, and  c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.						
					Yes No	
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.						
If you answer yes, you must attach to this application:  a) a written statement identifying the type of license and explaining the circumstances of each incident,  b) a copy of the Notice of Hearing or other document that states the charges and allegations, and  c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.						
3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?					Yes No	
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.						
4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?					Yes No	
If you answer yes, identify the jurisdiction(s):						

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or Yes No arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?						
If you answer yes, you must attach to this application:  a) a written statement summarizing the details of each incident,  b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and  c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.						
6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other Yes No business relationship with an insurance company terminated for any alleged misconduct?						
<ul> <li>If you answer yes, you must attach to this application:</li> <li>a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license and,</li> <li>b) copies of all relevant documents.</li> </ul>						
The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:						
<ol> <li>All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.</li> <li>Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.</li> <li>The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.</li> <li>Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.</li> <li>I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.</li> <li>I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.</li> <li>I certify that no person other than the sales people and agents listed and on file with the Division of Insurance offer, sell, or solicit rental car insurance on our behalf and that all sale</li></ol>						
Month Day Year						
	Typed or Printed Name					
	Title					

#### Attachment

Name	Title	SSN <u>-</u>
Name	Title	SSN <u>-</u>
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